PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571)-273-2885 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as m

ndicated unless correcte naintenance fee notifica	ed below or directed oth tions.	nerwise in Block 1, by (a						rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
22442 7590 04/17/2009					Certificate of Mailing or Transmission				
SHERIDAN ROSS PC 1560 BROADWAY SUITE 1200					I hereby certify that this Fee(s) Transmittal is being deposited with the Uni States Postal Service with sufficient postage for first class mail in an enveloaddressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (571) 273-2885, on the date indicated below.				
DENVER, CO 8	30202							(Depositor's name)	
								(Signature)	
								(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/527,831	01/09/2006		Kathryn Nance Nor	Kathryn Nance North		5517-19 1014		1014	
ITLE OF INVENTION: ACTN3 GENOTYPE SCREEN FOR ATHLETIC PERFORMANCE									
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300		\$0		\$1055	07/17/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
POHNERT, STEVEN C		1634	435-006000		_				
. Change of corresponde	2. For printing on the patent front page, list Sheridan Ross P.C.								
FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to						
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON T	ΓΗΕ PATENT (print o	r type	e)				
PLEASE NOTE: Unl	ess an assignee is ident h in 37 CFR 3.11. Comr	ified below, no assignee pletion of this form is NO	data will appear on th T a substitute for filing	ne pat	ent. If an assigne	e is id	entified below, the do	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
GENETIC TECHN	FITZROY, AUSTRALIA								
lease check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):	<u>_</u> 1	Individual 🗵 Co	rporati	on or other private gro	up entity Government	
a. The following fee(s):	are submitted:		Payment of Fee(s): (Pleac	e first reannly an	v nrev	iously paid issue fee s	hown above)	
Issue Fee	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.								
Publication Fee (N	Payment by credit card. Form PTO-2038 is attached.								
Advance Order - #	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).								
. Change in Entity Sta	tus (from status indicated	d above)							
	s SMALL ENTITY statu						TITY status. See 37 CF		
		uired) will not be accepted tes Patent and Trademark		an the	e applicant; a regis	tered a	ttorney or agent; or the	e assignee or other party in	
Authorized Signature/Robert D. Traver/				July 16, 2009					
Typed or printed name Robert D. Traver				Registration No					
n application. Confident	tiality is governed by 35	U.S.C. 122 and 37 CFR	1.14. This collection is	s estir	mated to take 12 m	ninutes	to complete, including	by the USPTO to process) g gathering, preparing, and ne you require to complete rtment of Commerce, P.O.	

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.